

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____



JUN 04 2018

Administration

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Reynolds, Chuck
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 DAYTIME TELEPHONE NUMBER (530) 871-9929
 FAX NUMBER () ()
 E-MAIL (optional) chuckreynoldsformayor@gmail.com
 OFFICE SOUGHT (POSITION TITLE) Mayor
 AGENCY NAME City of Oroville
 CITY Oroville
 STATE CA
 DISTRICT NUMBER, if applicable: n/a
 PARTY: NON-PARTISAN
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction)
 _____ (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

 (Year of Election) **Primary/general election** _____
 (Year of Election) **Special/runoff election** _____

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ 4/3/18 _____
 (month, day, year)

Signature _____
 _____ (Candidate)